Independent 2 - 3 = 0 x 200.00 Multiple Dependent Claims (check if applicable) Other fee (please specify):	Docket No. 5287-0101PUS	TER	AMENDMENT TRANSMITTAL LETTER						
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P.O. Box 747 Falls Church, Virginia 22040-0747				.p		Road	8110 Gatehouse Suite 100 East P.O. Box 747		